

RECEIVED 2010 OCT 26 AM 10: 13 FEC MAIL CENTER

Eleanor Smeal
President

Peg Yorkin
Chair of the Board

Katherine Spillar
Executive Vice President

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433 South Beverly Drive
Beverly Hills, CA 90212
310 556 2500
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Web Site: http://www.feminist.org

E-mail: femmaj@feminist.org **MEMORANDUM**

TO:

Federal Election Commission

FROM:

Diane Cutri

DATE:

October 25, 2010

RE:

FEC Form 5, 24 Hour Report, C90010646

Attached please find completed FEC Form 5, 24 hour report for the Feminist Majority.

The FEC online web form was used to complete the information but once again, when I was finished and hit the CHECK button at the end, it brought me back to the online webforms page and wiped out all the information. I hit the print button before I ran the check and am attaching that form for filing.

When I talked on the phone with a representative from the FEC last week I was told that this should not be happening and the suggestion was that I sign up for FECFile filing software. This has not accomplished because our Feminist Majority PAC Treasurer was out of the country and our Feminist Majority Treasurer is out of state (form indicates that a treasurer needs to sign the password request).

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2010 OCT 26 AM 10: 13

Webform last accessed on Mon Oct 25 18:04:36 EDT 2010

Your webform session will time-out in: 60 minutes from last webform access time.

FEC MAIL CENTER

Click here to extend your webform session for 1 Hour.

NOTE: Do not use browser Back and Foward buttons to navigate Online Webforms. Use the buttons provided within the webform.

•		XPENDITU		O CONTRIBUTIONS RECE	
	Please ente		crors: Imeric value for ele	ection year.	
1. (a) Name of Individu Entity Type of FilerSelect-	ual, Organization	or Corpora	tion *		
Name of Filer Organization Name FE	EMINIST MAJORITY	,			
Last Name	-or- First Name				
Middle Name	Prefix	Suffix			
(b) Address (number a	•	eck if differ	ent than previous	ily reported	
(c) City	State*		Zip Code		
ARLINGTON	Virginia	. 4	22209		
2. Corporate filers only Is the filer a qualified Individual filers only Name of Employer	nonprofit corporat	tion?	○ No		·
3. FEC Identification N	umber C 9001	0646			
4. TYPE OF REPORT Report Type:* 24-Hour Report)		
	ent, please provid boxes given belov	le the Repor v.Click the '		nal report and Amendment position to find the Reference (e.g. 1, 2, 3etc.)	
Original Report 10 Tibe	, 				
5. Covering Period 10/1	6/2010 [mm/dd/yyy	through	1 10/22/2010	(mm/dd/yyyy)	
6. TOTAL CONTRIBU	UTIONS			\$ 1525	5.00

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SCHEDULE 5-A TEMIZED RECEIP	TS		Add Schedule 5-A
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Full Name of Donor	* *	·	Date of Contribution*
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Middle		*	FEC ID number of contributing federal
Name	Prefix	Suffix	political committee
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235.96				O President
Candidate ID				Check one
				Support ○ Oppose
Name of Federal Candidate	First Name	ADDADA		District
				State California
Middle Name	Prefix	Suffix		
Disbursement/Obligation For General	or Elect 2010	ion Year)	•	
Independent Expenditur	re #2.		•	Delete Record
Entity Type of Payee*				
Individual (a person)		• 44.		
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name			10/22/2010	(mm/dd/yyyy)
	-0 r -		Amount *	·
Last Name TWETEN	First Name	ALEXANDRA	\$ 480.00	
Middle Name	Prefix	Suffix	Ψ	
Mailing Address of Payee			_	
2231 N. NIAGRA STREET	•	•		
City Sta		Zip		
BURBANK Ca	alifornia	91504		
Payee Committee FEC ID				
Purpose of Disbursement (In CONSULTANT/CONTRAC) of communication(s)) ³	•	
Category / Type	wheed Francis			Office Sought
Administrative/Salary/Ove Calendar Year-To-Date Per	· ·		î ji	O House
805.00	Election for O	ince Sought		Senate
Candidate ID				O President
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Name of Federal Candidate				Support ○ Oppose
Last Name BOXER	First Name B	BARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligation Fo General	er Elect 2010	ion Year)		
Independent Expenditui	re #3.			Delete Record
Entity Type of Payee*				
Individual (a person)		• !	•	
Name of Payee *		•	Date of Inden	endent Expenditure*
Organization			7	
Name		•	10/22/2010	(mm/dd/yyyy)
Last Name LEONOR	-or- First Name ^F	ANA	Amount *	

Middle Name	Prefix Suffix	\$ 105.00	
Mailing Address of Pay 6507 TRIGO ROAD	yee		
City GOLETA	State Zip California 93117		
Payee Committee FEC I	ID		
Purpose of Disburseme	ent (Including title(s) of communication(s)) * TRACT SERVICES		
Category / Type Administrative/Salary Calendar Year-To-Dat 105.00 Candidate ID	/Overhead Expenses e Per Election for Office Sought		Office Sought House Senate President Check one
Name of Federal Cand	idate		Support ○Oppose
Last Name BOXER	First Name BARBARA		District
Middle Name	Prefix Suffix		State California
Disbursement/Obligati General	on For Election Year 2010		
Independent Expend	diture #4.		Delete Record
Entity Type of Payee* Individual (a person)			
Name of Payee *		Date of Indepe	endent Expenditure*
Organization Name		10/22/2010	(mm/dd/yyyy)
Last Name CHANG Middle Name	-or- First Name ANGELA Prefix Suffix	Amount * \$ 25.00	· · · · · · · · · · · · · · · · · · ·
Mailing Address of Pay 2610 HILLEGASS AV	•		
City BERKELEY	State Zip California 94704		
Payee Committee FEC I	D		
Punpose of Disburseme	ent (Including title(s) of communication(s)) * FRACT SERVICES		
Category / Type	/Overhead Evneres	. 18	Office Sought
Administrative/Salary	/Overnead Expenses e Per Election for Office Sought	. ji	O House
25.00			● Senate
Condidate ID			O President Check one
Candidate ID			

		•		Support ○ Oppose
Name of Federal Candid				District
Last Name BOXER	First Name BAI	RBARA		State California
Middle Name	Prefix	Suffix		
Disbursement/Obligation General	n For Election 2010			
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ndependent Expend	nure #5.			Delete Record
ntity Type of Payee* Individual (a person)		* 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name			10/22/2010	(mm/dd/yyyy)
DDEHED	- <i>01-</i>	NA	Amount *	
Last Name DREHER Middle Name ANN	First Name DA		\$ 1,200.00	
Name ANN	Prefix	Suffix		
Mailing Address of Paye 3953 A FILLMORE STI				
City ST. LOUIS	State Missouri	Zip 63116		
ayee Committee FEC II		03110		
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Mailing Address of F 9346 LAKEWOOD	=			
9340 LAKEWOOD	DRIVE			
City WINDSOR	State California	Zip √ 95492		
		4 50452		
Payee Committee FEC	L ID			
Durnosa of Nishursaa	ment (Including title	e(s) of communication(s))	*	
CONSULTANT/CO				
Category / Type				Office Sought
Administrative/Sala	ry/Overhead Expe	nses	. 8(7)	O House
Calendar Year-To-D	ate Per Election for	Office Sought		© Senate
235.00				O President
Candidate ID				Check one
Name of Federal Car	ndidate			● Support ○ Oppose
Last Name BOXER		BARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obliga	_	ection Year		
General		10		
Independent Expe	nditure #7	-		Delete Record
Entity Type of Payee*				Doloto Heddia
Individual (a person)		-9		
Name of Payee *		•	Date of Indep	endent Expenditure*
Organization			1	-
Name	-0 r -		10/22/2010	(mm/dd/yyyy)
Last Name ISRAEL	First Name	HANNA	Amount *	
Middle	Prefix	Suffix	\$ 110.00	
Name Mailing Address of P			·	
148 N. CHESTER A	•	•		
		•		
City	State	Zip		
PASADENA	California	2ip 1₃ 91106		
Payee Committee FEC	CID	·		
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Purpose of Disbursen	nent (Including title	e(s) of communication(s))	*	
CONSULTANT/COI				
Category / Type			:	Office Sought
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Calendar Year-To-D 110.00	ate Per Election for	Office Sought		Senate
Candidate ID				O President
Candidate 19				Check one
Name of Federal Can	didate			Support ○ Oppose

	1 trst rume	BARBARA	District
Middle Name	Prefix	Suffix	State California
Disbursement/Obligation General	For Elec	ction Year 10	
ndependent Expendit	ture #8.		Delete Record
Entity Type of Payee*			
Individual (a person)		* 8	
Name of Payee *		, 	Date of Independent Expenditure*
Organization			
Name	- <i>07</i> -		10/22/2010 (mm/dd/yyyy)
Last Name BEAL	First Name	KELLSEY	Amount *
Middle Name	Prefix	Suffix	\$ 180.00
Mailing Address of Payee 531 LAUSEN MALL			
PO BOX 17186			
City	State	Zip	
	California	94309	
Purpose of Disbursement CONSULTANT/CONTR Category / Type	ACT SERVICES		Office Sought
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Date F	ACT SERVICES	ses	House
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Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Dute F 180.00 Candidate ID Name of Federal Candida Last Name BOXER Middle Name Disbursement/Obligation General ndependent Expendit	NACT SERVICES Everhead Expensive Flection for Control Atter First Name Prefix For Election For Control 201	Ses Office Sought BARBARA Suffix stion Year	 ○ House ○ Senate ○ President Check one ○ Support ○ Oppose District State California
Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Dute F 180.00 Candidate ID Name of Federal Candida Last Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Intity Type of Payee* Individual (a person)	NACT SERVICES Everhead Expensive Flection for Control Atterupy First Name Prefix For Election For Control 201	ses Office Sought BARBARA Suffix ction Year	House Senate President Check one Support Oppose District State California
Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Date F 180.00 Candidate ID Name of Federal Candida Last Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Intity Type of Payee* Individual (a person) Name of Payee *	ACT SERVICES Everhead Expensive First Name Prefix For Election 201 Eure #9.	ses Office Sought BARBARA Suffix ction Year	 House Senate President Check one Support ○ Oppose District State California Delete Record
Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Dute F 180.00 Candidate ID Name of Federal Candida Last Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Intity Type of Payee* Individual (a person) Name of Payee * Organization Name	overhead Expensive Per Election for Control of the Prefix For Election Election for Control of the Prefix For Election For Election for Control of the Prefix Pre	Ses Office Sought BARBARA Suffix ction Year	House Senate President Check one Support Oppose District State California Delete Record Date of Independent Expenditure*
Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/O Caiendar Year-To-Dute F 180.00 Candidate ID Name of Federal Candida Last Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Intity Type of Payee* Individual (a person) Name of Payee * Organization	ACT SERVICES Everhead Expensive First Name Prefix For Election 201 Eure #9.	Ses Office Sought BARBARA Suffix ction Year	☐ House ☐ Senate ☐ President Check one ☐ Support ☐ Oppose District State California Delete Record Date of Independent Expenditure* 10/22/2010 (mm/dd/yyyy)

City SACRAMENTÓ	State California	Zip 95816		
Payee Committee FEC	ID			
Purpose of Disbursem CONSULTANT/CON		s) of communication(s)	*	
Category / Type	/Overboad Evaca		· .	Office Sought
Administrative/Salar Calendar Year-To-Da		• •		O House
155.00	te I et Bicetion for (onice Sought		Senate
Candidate ID				O President
				Check one
Name of Federal Cano				Support ○ Oppose
Last Name BOXER	First Name	BARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligat General	ion For Elec 201	tion Yea r O		
Independent Expen	diture #10.			Delete Record
Entity Type of Payee* Individual (a person)	-			
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name		· · · · · · · · · · · · · · · · · · ·	10/22/2010	(mm/dd/yyyy)
	-07-		A *	(
Last Name BRENDLE	EN First Name	MIRANDA	Amount * \$ 160.00	
Middle Name	Prefix	Suffix	\$ 100.00	
Mailing Address of Pa 1310 TURK STREET	=			
APT 508				
City	State	Zip		
SAN FRANCISCO	California	94115		
Payee Committee FEC	ID	• •		
Purpose of Disbursem	ent (Including title(s) of communication(s))	*	
CONSULTANT CON				Office Sought
Category / Type Administrative/Salary	//Overboad Evaca	205	, 11 , 12 , 13 , 14	O House
Calendar Year-To-Da	· ·			Senate
160.00	ie i ei enechon ior (onice Sought		O President
Candidate 1D				Check one
				Support ○ Oppose
Name of Federal Cand				District
Last Name BOXER	First Name	BARBARA		State California
Middle Name	Prefix	Suffix		

Disbursement/Obligation F General		ction Year 10				
ndependent Expenditu	re #11.					Delete Record
Intity Type of Payee*						
ndividual (a person)		4				
Name of Payee *			Date	of Indep	endent Exp	enditure*
Organization Name			10/2	2/2010		
rume	-0 r -		10/2	2/20 10	(mm/dd/yyy	y)
Last Name PETERSON	First Name	MIRANDA		unt *		
Middle Name	Prefix ¹	Suffix	\$ 1,2	200.00	-	
Mailing Addrass of Payee 2029 OLYMPIC BLVD., #	101					
City	ate California	Zip 90404				
ayee Committee FEC ID	•					
Purpose of Disbursement (I CONSULTANT/CONTRA	_		*		0.65	
Category / Type Administrative/Salary/Ove	erhead Expen	ses	. :		Office So	_
Calendar Year-To-Date Pe 2,805.01	•					○ House ⑨ Senate
Candidate ID					(O President
Candidate 1D					Check on	e
Name of Federal Candidate	•				⊚ Su	pport OOppose
Last Name BOXER	First Name	BARBARA			District	
Middle Name	Prefix	Suffix			State : C	alifornia ·
Disbursement/Obligation F General	or Elec	tion Year				
ndependent Expenditu	* *	. :				Delete Record
ntity Type of Payee* Individual (a person)						
Name of Payee *			Date	of Indep	endent Exp	enditure*
Organization Name	-0 r -		10/2	2/2010	(mm/dd/yyy	у)
Last Name CHOU		MON-SHANE	1	unt *		
Middle Name	Prefix	Suffix	\$ 90.	00		
Mailing Address of Payee 37 WEST MAGNA VISTA	AVE.		_ _			
City Sta	ate	Zip				

Payee Committee FEC ID	
Purpose of Disbursement (Including title(s) of communication(s)) * CONSULTANT/CONTRACT SERVICES	
Category / Type	Office Sought
Administrative/Salary/Overhead Expenses	O House
Calendar Year-To-Date Per Election for Office Sought 90.00	Senate
Candidate ID	O President
	Check one
Name of Federal Candidate	⊚ Support ○ Oppose
Last Name BOXER First Name BARBARA	District
Middle Name Prefix Suffix	State California
Disbursement/Obligation For Election Year General 2010	
Independent Expenditure #13.	Delete Record
Entity Type of Payee*	
Individual (a person)	
Name of Payee *	Date of Independent Expenditure*
Organization Name -or-	10/22/2010 (mm/dd/yyyy)
Last Name RUIZ First Name MONICA	Amount *
Middle Prefix Suffix	\$ 282.50
Mailing Address of Payee	
1036 W. 95TH STREET	
APT. 4	
City State Zip	
LOS ANGELES California 90044	
Payee Committee FEC ID	
Purpose of Disbursement (Including title(s) of communication(s)) * CONSULTANT/CONTRACT SERVICES	
Category / Type	Office Sought
Administrative/Salary/Overhead Expenses	O House
Calendar Year-To-Date Per Election for Office Sought 282.50	Senate
Candidate ID	O President
	Check one
Name of Federal Candidate	Support ○ Oppose
Last Name BOXER First Name BARBARA	District
Middle Name Prefix Suffix	State California
Disbursement/Obligation For Election Year General 2010	
Independent Expenditure #14.	Delete Record

Name of Payee *			Date of Indep	endent Expenditure*
Organization Name	- <i>01</i> -		10/22/2010	(mm/dd/yyyy)
Last Name VIERA	First Name N	MONICA	Amount *	
Middle Name	Prefix :	Suffix	\$ 140.00	
Mailing Address of Pa 1601 EARL WARRE	=			
L-105		·		
City LONG BEACH	State California	Zip : 90815		
ayee Committee FEC	ID			
Purpese of Disbursem CONSULTANT/CON		of communication(s))	*	
Category / Type Administrative/Salary	v/Overhead Expense	es	est 	Office Sought
Calendar Year-To-Da	•		- 'Y	○ House Senate
140.00 Candidate ID				O President
Candidate ID				Check one
Name of Federal Cand	lidate			● Support ○ Oppose
Last Name BOXER	First Name B	ARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligat General	ion For Electi 2010	on Year		
ndependent Expen	diture #15.			Delete Record
Intity Type of Payee*				
Individual (a person)		· ·		
Name of Payee *		<u></u>	Date of Indep	endent Expenditure*
Organization Name			10/22/2010	(mm/dd/yyyy)
- WHOREA	<i>-01-</i>	ICCUTA	Amount *	
Last Name KHORSAI Middle Name	ND First Name N Prefix	Suffix	\$ 415.00	•
Mailing Address of Pa 15282 NANTES	yee			
City	State California	Zip 92604		
IRVINE				

CONSULTANT/CONTI	RACT SERVICES	3		
Category / Type Administrative/Salary/0	Overhead Evners		er i	Office Sought
Calendar Year-To-Date	•			. O House
523.14	Ter Election for (onice Sought		Senate
Candidate ID				O President
				Check one
Name of Federal Candid	late			● Support ○ Oppose
Last Name BOXER	First Name	BARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligation General	n For Elec 201	tion Year 0		
ndependent Expend	iture #16.			Delete Record
Entity Type of Payee*				
Individual (a person)		# 06 2 . 752		
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name			10/22/2010	•
≀ √ume }	-o r-			(mm/dd/yyyy)
Last Name KHORSANI	First Name	NEEKTA	Amount *	
Middle Name	Prefix	Suffix	\$ 81.20	
Mailing Address of Paye	 :e		1	
15282 NANTES				
City	State	Zip	•	
IRVINE	California	92604		
ayee Committee FEC II)			
Purpose of Disbursemen TRAVEL REIMBURSE	- ·	s) of communication(s)) *		
Category / Type Travel Expenses - incl	uding travel reimh	oursement expenses	ar k	Office Sought
Calendar Year-To-Date			L	O House
604.34		--		Senate
Candidate ID				O President
				Check one
Name of Federal Candid				Support ○ Oppose
Last Name BOXER	First Name	BARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligation General	n For Elec 201	tion Year O		
ndependent Expend	iture #17.			Delete Record
Entity Type of Payee* Individual (a person)				
Name of Payee *				

Organization Name				Date of Indep	endent Expenditure*
Name	-or-			10/22/2010	(mm/dd/yyyy)
Last Name GODAY	First Name Si	ARAH			(
Middle Name	Prefix	Suffix		Amount * \$ 629.00	
Mailing Address of Payee 10950 CHURCH STREE	:T				
#1923		·			
City	State	Zip			
	California	91730			
Payee Committee FEC ID		-			
Purpose of Disbursement CONSULTANT/CONTRA	-	of communication(s)) *			
Category / Type Administrative/Salary/Ov	erhead Expenses				Office Sought O House
Calendar Year-To-Date Po	er Election for Off	ice Sought	•		Senate
Candidate ID					O President
					Check one
Name of Federal Candida	- -				Support ○ Oppose
Last Name BOXER	First Name BA	ARBARA	-		District
Middle Name	Prefix	Suffix			State California
Disbursement/Obligation General	For Election 2010	n Year			
Independent Expendit	ure #18.				Delete Record
Entity Type of Payee*		,			
Individual (a person)		•			
Name of Payee *		· · · · · · · · · · · · · · · · · · ·		Date of Indep	endent Expenditure*
Organization Name	- <i>01</i> -			10/22/2010	(mm/dd/yyyy)
Last Name GODAY Middle	First Name SA	ARAH		Amount * \$ 512.87	
Name	Prefix	Suffix		•	
Mailing Address of Payee 10950 CHURCH STREE	т				
#1923		•			
City	tate California	Zip 91730			
Payee Committee FEC ID		· , - · · • · · _{- · ·} · ·			
Purpose of Disbursement ((Including title(s)	of communication(s)) *			
TRAVEL REIMBURSEM		·			
Category / Type Travel Expenses - include	ling travel reimbu	rsement expenses	• }		Office Sought

Calendar Year-To-Date	Per Election for Offic	e Sought		O House
1,799.19				Senate
Candidate ID				O President
Non-Afficient Coult	-4-			Check one
Name of Federal Candid Last Name BOXER	ate <i>Finst Name</i> BAF	PRARA		● Support ○ Oppose
				District
Middle Name	Prefix	Suffix		State California
Disbursement/Ohligation General	For Election 2010	Year		State Camorna
Independent Expendi	ture #19.			Delete Record
Entity Type of Payee*				
Individual (a person)				
Name of Payee *			Date of Indepe	ndent Expenditure*
Organization		 	10/22/2010	-
Name	- <i>01</i> -			(mm/dd/yyyy)
Last Name MOORS	First Name SAF	RAH	Amount *	
Middle Name	Prefix	Suffix	\$ 32.73	
Mailing Address of Payer 1016 NE 12TH AVENU City		Zip		
GAINESVILLE	Florida	∠ip ∷∄32601		
Payee Committee FEC ID		. 0200 /		
Purpose of Disbursement		communication(s)) *		
Category / Type	-			Office Sought
Travel Expenses - inclu	_			O House
Calendar Year-To-Date 32.73	Per Election for Offic	e Sought		Senate
Candidate ID				O President
Canulualt I <i>D</i>				Check one
Name of Federal Candid	ate			Support ○ Oppose
Last Name BOXER	First Name BAF	RBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obligation General	For Election	Year		
	•			
Independent Expendi	ture #20.			Delete Record
Entity Type of Payee*				
Individual (a person)		. 1		
Name of Payee *			Date of Indepe	ndent Expenditure*
Organization Name			10/22/2010	(mm/dd/yyyy)
	-or-			
			Amount *	

Last Name PADILLA Middle		\$ 115.00		
Name CONS Mailing Address of P	TANTINE Prefix ayee	Suffix	_	
2261 CHANTILLY T	ERRACE			
City ORIEDO	State Florida	Zip 32765		
ayee Committee FEC	CID			
	nent (Including title(s)) of communication(s)) * S		
Category / Type Administrative/Salary/Overhead Expenses			. 1	Office Sought O House
Calendar Year-To-Da 115.00	ate Per Election for O	ffice Sought		Senate
Candidate ID				O President Check one
Name of Federal Can	didate			Support Oppose
Last Name BOXER	First Name	ARBARA		District
Middle Name	Prefix	Suffix		State California
Disbursement/Obliga General	tion For Elect	ion Year		
ndependent Expe	nditure #21.			Delete Record
Intity Type of Payee* Individual (a person)		-		
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name			10/22/2010	(mm/dd/yyyy)
	- <i>or</i> -		Amount *	•
Last Name HANJAN Middle Name		SOPHIA Suffix	\$ 110.00	
Mailing Address of P 38640 GLENMOOR	-			
	State			
City FREMONT	California	Zip . 94536		
ayee Committee FEC	: ID			
_	nent (Including title(s)	of communication(s)) *		
Category / Type				Office Sought
	ry/Overhead Expense		+374 :	O House
Calendar Year-To-Da	ate Per Election for O	ffice Sought		Senate
110.00				

Candidate ID				Check one
				Support Oppose
Name of Federal Candid		•		District
Last Name BOXER	First Name BA	RBARA		State California
Middle Name	Prefix	Suffix		3.00
Disbursement/Obligation General	For Election 2010	n Year		
ndependent Expendi	iture #22.			Delete Record
Entity Type of Payee*				
Individual (a person)		e de la companya de l		
Name of Payee *			Date of Indep	endent Expenditure*
Organization Name			10/22/2010	
Name	-0 r -		10/22/2010	(mm/dd/yyyy)
Last Name ROCCO	First Name SU	JZANNE	Amount *	
Middle Name	Prefix	Suffix	\$ 55.00	
Mailing Address of Paye	e		_	
526 W. MCELHANY		•		
Cit.	State	7:		
City SANTA MARIA	California	Zip ∴		
	T			
		,,,,,		
)			
	· · · · · · · · · · · · · · · · · · ·			
Payee Committee FEC ID Purpose of Disbursement	t (Including title(s) o			
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTR	t (Including title(s) o			Office Sought
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTR	t (Including title(s) o	of communication(s)) *	4	Office Sought
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTR Category / Type Administrative/Salary/C Calendar Year-To-Date	t (Including title(s) o RACT SERVICES Overhead Expenses	of communication(s)) *	uni 	Office Sought OHouse Senate
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00	t (Including title(s) o RACT SERVICES Overhead Expenses	of communication(s)) *		O House O Senate
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00	t (Including title(s) o RACT SERVICES Overhead Expenses	of communication(s)) *		O House
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID	t (Including title(s) o RACT SERVICES Overhead Expenses Per Election for Offi	of communication(s)) *		O House O Senate O President Check one
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID Name of Federal Candidate	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate	of communication(s)) *		 ○ House ● Senate ○ President Check one ● Support ○ Oppose
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID Name of Federal Candidate IO	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate Attention First Name BA	of communication(s)) * ice Sought		 ○ House ● Senate ○ President Check one ● Support ○ Oppose District
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00 Candidate ID Name of Federal Candidate ID Last Name BOXER Middle Name	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix	of communication(s)) * ice Sought RBARA Suffix		 ○ House ● Senate ○ President Check one ● Support ○ Oppose
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00 Candidate ID Name of Federal Candidate ID Last Name BOXER Middle Name	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix	of communication(s)) * ice Sought RBARA Suffix		 ○ House ● Senate ○ President Check one ● Support ○ Oppose District
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID Name of Federal Candidate Last Name BOXER Middle Name Disbursement/Obligation General	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix For Election 2010	of communication(s)) * ice Sought RBARA Suffix		 ○ House ● Senate ○ President Check one ● Support ○ Oppose District
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00 Candidate ID Name of Federal Candidate ID Name of Federal Candidate ID Asst Name BOXER Middle Name Disbursement/Obligation General ndependent Expendic	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix For Election 2010	of communication(s)) * ice Sought RBARA Suffix		 House Senate President Check one Support ○ Oppose District State California
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID Name of Federal Candidatest Name BOXER Middle Name Disbursement/Obligation General ndependent Expendit Candidate Type of Payee*	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix For Election 2010	of communication(s)) * ice Sought RBARA Suffix		 House Senate President Check one Support ○ Oppose District State California
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00 Candidate ID Name of Federal Candidates Name BOXER Middle Name Disbursement/Obligation General ndependent Expendit Entity Type of Payee* Individual (a person)	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix For Election 2010	of communication(s)) * ice Sought RBARA Suffix n Year		 House Senate President Check one Support ○ Oppose District State California Delete Record
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date I 55.00 Candidate ID Name of Federal Candidatest Name BOXER Middle Name Disbursement/Obligation General ndependent Expendit Cantity Type of Payee* Individual (a person) Name of Payee *	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Offinate First Name BA Prefix For Election 2010	of communication(s)) * ice Sought RBARA Suffix n Year	Date of Indepo	O House O Senate O President Check one O Support ○ Oppose District State California Delete Record
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date 55.00 Candidate ID Name of Federal Candidates Name BOXER Middle Name Disbursement/Obligation General ndependent Expendit Entity Type of Payee* Individual (a person)	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Officate First Name BA Prefix 1 For Election 2010 ture #23.	of communication(s)) * ice Sought RBARA Suffix n Year		 House Senate President Check one Support ○ Oppose District State California Delete Record
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date II 55.00 Candidate ID Name of Federal Candidates Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Entity Type of Payee* Individual (a person) Name of Payee * Organization Name	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Officate First Name BA Prefix 1 For Election 2010 ture #23.	of communication(s)) * ice Sought RBARA Suffix n Year	Date of Indepo	House Senate President Check one Support Oppose District State California Delete Record
Payee Committee FEC ID Purpose of Disbursement CONSULTANT/CONTE Category / Type Administrative/Salary/C Calendar Year-To-Date II 55.00 Candidate ID Name of Federal Candidates Name BOXER Middle Name Disbursement/Obligation General Independent Expendit Entity Type of Payee* Individual (a person) Name of Payee * Organization	t (Including title(s) of RACT SERVICES Overhead Expenses Per Election for Officate First Name BA Prefix 1 For Election 2010 ture #23.	of communication(s)) * ice Sought RBARA Suffix n Year	Date of Indepo 10/22/2010	House Senate President Check one Support Oppose District State California Delete Record

Mailing Address of Pay 639 W. CANON PERI				
City	State	Zip		
SANTA BARBARA	California	93101		
Payee Committee FEC I	D			
Purpose of Disburseme	-)) *	
Category / Type Administrative/Salary	/Overhead Exper	nses	9 4	Office Sought
Calendar Year-To-Date	_			○ House Senate
Candidate ID				O President
Candidate IV				Check one
Name of Federal Candi	date			⊙ Support ○ Oppose
Last Name BOXER	First Name	BARBARA		District
Middle Name	Prefix	Suffix		State California
Dishursement/Obligation General	on For Ele	ction Year 10		
Independent Expend	liture #24.			Delete Record
Entity Type of Payee*				
Individual (a person)		= = = : : : : : : : : : : : : : : : : :		
Name of Payee *			Date of Ind	lependent Expenditure*
Organization Name			10/22/201	0 (mm/dd/yyyy)
Last Name ACOSTA	-or- First Name	VECENIA	Amount *	
Middle			\$ 210.00	
Name	Prefix	Suffix		
Mailing Address of Pay 251 EAST AVENUE. I	•			·
City	State	7 in		
PALMDALE	Catifornia	Zip 93550		
Payee Committee FEC I	D			
Purpose of Disburseme)*	
Category / Type	10			Office Sought
Administrative/Salary	•		e : e ad.	O House
Calendar Year-To-Date 210.00	FEF Election for	OTHER SOUGHT		Senate
Candidate ID				O President
				Check one
Name of Federal Candi	date .			Support ○ Oppose

Middle Name	- 55 55 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARBARA	District	
Middle Name	Prefix	Suffix	State California	
Disbursement/Obligati		on Year		
General ·	2010			
Independent Expen	diture #25.		Delete Reco	ord
Entity Type of Payee*				
Individual (a person)		i.e		
Name of Payee *			Date of Independent Expenditure*	
Organization Name			10/22/2010 (mm/dd/yyyy)	
ACOSTA	-07-	CENIA	Amount *	
Last Name ACOSTA Middle	First Name Y	ESENIA	\$ 18.60	
Name	Prefix	Suffix		
Mailing Address of Pay 251 EAST AVE. P4	yee			
City	State	7:-		
PALMDALE	California	Zip 93550		
Payee Committee FEC I	ID		,	
Administrative/Salary	/Overhead Expenses	3	Office Sought	
Calendar Year-To-Date 228.60 Candidate ID Name of Federal Candi	e Per Election for Off	ice Sought	Office Sought House Senate President Check one Support Oppose	e
Administrative/Salary Calendar Year-To-Date 228.60 Candidate ID	e Per Election for Off	ice Sought	House Senate President Check one Support Oppose District	e
Administrative/Salary Calendar Year-To-Date 228.60 Candidate ID	e Per Election for Off	ice Sought	House Senate President Check one Support Oppose	e
Administrative/Salary Calendar Year-To-Date 228.60 Candidate ID Name of Federal Candi Last Name BOXER	e Per Election for Off idate First Name BA Prefix	ice Sought ARBARA Suffix	House Senate President Check one Support Oppose District	e .
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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FEC Form 5 (Rev. 09/2005)

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

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(3/2005)

PREPARER